

Shinhidaka Japan 愛

Lexington Sister Cities 2010 Youth Exchange Program Application

Please attach a photo of yourself here. Make sure it is a close-up, like the one you would have for a driver's license, an informal photo is fine.

Name _____

Age by departure date _____



Lexington Sister Cities
Deauville, County Kildare, Shinhidaka, Newmarket

Lexington Sister Cities
200 East Main Street Lexington, KY 40507
859-258-3137

STUDENT APPLICATION

200 East Main Street, Lexington, KY 40507 Phone (859) 258-3137 Fax (859) 425-2053 kays@lfucg.com

Student's

Last Name _____ First Name _____

Address _____ (Zip) _____

Phone _____ Cell _____ E-mail: _____

Parent's Names _____

Mother/Father address if different than above:

Name _____ Phone _____

Address _____

Place of Employment (Father) _____

Place of Employment (Mother) _____

Work Phone:

(Father) _____ (Mother) _____

Student's Birthdate _____ Age _____ Sex _____

Emergency Contact: Name _____

Phone _____ Relationship _____

School Presently
attending _____ Grade _____

Other children in the home:

Name _____ Age _____

Name _____ Age _____

Applicant's Signature

Date

Parent's Signature

Date

LEXINGTON-JAPAN EXCHANGE PROGRAM

Dear Parents:

The purpose of the Lexington-Japan Exchange Program is to provide a genuine cultural and family experience in another country for middle and high school students of Lexington, Kentucky and those of Shinhidaka, Japan.

The American student's parent(s) must be willing and able to receive a Japanese student in their home. The Japanese students will visit Lexington in March 2010; the Lexington students will visit Japan in June 2010. Students should exhibit maturity, flexibility, and an interest in the Japanese culture.

The exchange will be for ten days to two weeks. The students will travel as a group with an adult chaperone. You should be prepared to incur an expense of approximately \$1,800 in transportation cost. (please see attached application for scholarship information). The Host Family will provide Room and Board.

It is important that you check your health and accident insurance policies to determine if your child would be covered outside the U.S. If not, you must secure such coverage.

Please sign and date this page to indicate your consent for your son or daughter to submit an application. Applications should be submitted to the Lexington Sister Cities office, 200 E. Main St., Lexington, KY 40507. After applications have been received, an orientation will be held to answer any questions you or your child may have about the program.

Applications should be submitted by November 6, 2009.

I HEREBY GIVE PERMISSION FOR MY CHILD TO SUBMIT THE ENCLOSED APPLICATION.

SIGNATURE _____ DATE _____

PLEASE ATTACH A CURRENT PHOTO

TWO LETTERS OF RECOMMENDATION ARE REQUIRED: ONE FROM YOUR SOCIAL STUDIES TEACHER (THIS YEAR OR LAST), AND ONE FROM AN ADULT OUTSIDE YOUR IMMEDIATE FAMILY.

PLEASE COMPLETE ONLY IF APPLYING FOR SCHOLARSHIP

(ALL INFORMATION IS CONFIDENTIAL)

LEXINGTON SISTER CITIES SCHOLARSHIP

EXCHANGEЕ NAME _____ AGE _____ SEX _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME TELEPHONE () _____

Our Family Income Is:

- ☐ under \$30,000 annually
- ☐ \$30, 000 to \$50, 000
- ☐ \$50, 000 to \$75, 000
- ☐ \$75, 000 or more

How many people are there in the household? _____

Are there any particular circumstances, which we should know of in considering your application for financial assistance? If yes, please elaborate.

I certify that to the best of my knowledge the information provided on this Financial Need Form is true. I am prepared to document this information if requested.

Parent/Guardian _____ Date _____